



Centers for Medicare and Medicaid Services  
7500 Security Boulevard,  
Baltimore, MD 21244

**Re: Public Comments to New Hampshire Proposed Waiver Amendment**

Raising Women's Voices for the Health Care We Need is a national initiative working to ensure that the health care needs of women and our families are addressed as the Affordable Care Act is implemented. We have a special mission of engaging women who are not often invited into health policy discussions: women of color, low-income women, immigrant women, young women, women with disabilities, and members of the LGBTQ community. We place a priority on asking women to share their experiences navigating the health care system. Because of women's roles as arrangers of health care for our families, we believe women are grassroots experts in what is wrong with the current health system and what it will take to fix it.

**We write today urging you to reject provisions included in New Hampshire's amendment proposal that could particularly harm women.**

Several states are already engaged in demonstration projects to study the impact of higher co-pays, premiums, and disenrollment for failure to pay. We urge you to reject proposals that risk the significant health gains New Hampshire's women have received through Medicaid expansion until the results from these other demonstration projects are clear. We similarly urge you to reject, as you have consistently done before, any attempt to link Medicaid coverage with work requirements.

Women live in poverty at higher rates than men do and are much less likely than men to have employer-provided insurance in their own names.<sup>i</sup> Thus, even women with insurance are at greater risk than men of losing it following changes in their relationship status or in the family coverage offered by their spouse's employer. Unsurprisingly, women are more likely to fall into the Medicaid gap than men, and women of color are particularly vulnerable. In 2013, prior to expansion, a quarter of Black women and a third of Latina women were uninsured.<sup>ii</sup>

At the same time, women are more likely to face non-cost barriers to care. More than one in four low-income women (26%) delayed getting needed health care or skipped it altogether because they couldn't get time off of work, while one in five women with children (19%) did so because

they couldn't find child care.<sup>iii</sup> These factors make women more vulnerable to the policy changes proposed.

### **1- Premiums, Copays, and Lock Outs**

A number of studies dating back to the 1970s have clearly documented the impact of even small premiums and “cost-sharing” requirements such as co-pays on access to care among low-income populations. For example, a 2004 study of Utah’s pre-ACA Medicaid waiver program found that requiring individuals below 150% FPL to pay a yearly fee of \$50 forced roughly one out of every 12 participants to drop out of the program after one year.<sup>iv</sup> Although the Utah study did not break out affordability concerns by gender, women made up a disproportionate share of the total disenrolled population (55%).

These cost-shifting provisions are often framed as “skin in the game”: a way to prevent beneficiaries from getting care they don’t really need. But this population already faces significant non-cost barriers to care that force them to delay or skip treatment. Cost-shifting is not only a solution in search of a problem for this population, its practical effect is to prevent low-income households from accessing the care they really do need, turning manageable health problems into costly emergencies. A 2003 review of relevant literature found that even small premium increases led to dramatic drops in enrollment and that cost-sharing resulted in foregone treatment and greater hospitalization and emergency care.<sup>v</sup>

These costs are felt even more strongly by women—who earn less, have fewer financial resources, and are more likely to be taking care of family members. Not surprisingly, then, significantly more women than men are forced to forgo care when costs increase.<sup>vi</sup> Women who fall two months behind in their payments and are locked out of coverage for six months, as New Hampshire is seeking to require, are likely to re-enter sicker and more costly than when they left.

Thus, the evidence strongly suggests that premium requirements and lock outs will prevent women from accessing much-needed care, unwind New Hampshire’s significant gains in reducing the uninsured rate, and ultimately impose higher costs on society in the future. Until evidence from other current waiver states suggests otherwise, it does not make sense to risk current coverage.

### **2- Identification Requirements**

We urge you to reject any efforts to increase identification requirements beyond the minimum necessary for confirming residence and eligibility. By some estimates, 21 million adult Americans do not have a photo identification card.<sup>vii</sup> This group disproportionately includes low-income individuals who would otherwise be the target population for Medicaid coverage. And women are particularly likely to not have identification in their current legal name. We urge to reject any changes that will make it harder for vulnerable people to access coverage and care.

### **3- Work Requirements**

We strongly urge you to continue to oppose state attempts to use the waiver process to link work requirements to Medicaid eligibility, benefits, or cost-sharing. Not only are a majority of New Hampshire’s Medicaid beneficiaries already working, from a public health perspective, it makes little sense to deny coverage that helps prevent the spread of disease, allows the mentally ill to

access care, and ensures that family members are able to care for individuals who might otherwise require more costly services like nursing homes.

Meanwhile, the consequences of such requirements would be particularly severe for women and people of color. While women and men have had roughly equivalent unemployment rates post-recession, women are far more likely to work part-time or to be the primary caretakers for elderly parents and other family members, making them vulnerable to the kinds of hourly requirements New Hampshire has proposed. In 2014, for example, women accounted for 66% of the part-time work force and only 41% of the full-time workforce.<sup>viii</sup> Similarly, since the 1940s, the unemployment rate among African Americans has been consistently double that of white Americans.<sup>ix</sup>

We urge you to make use of the flexibility provided under New Hampshire law to deny this provision without putting expansion at risk.

In conclusion, we urge you to reject provisions whose impact would be particularly harmful to women in New Hampshire.

Sincerely,

Raising Women's Voices for the Health Care We Need

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<sup>i</sup> "Women's Health Insurance Coverage," Kaiser Family Foundation, February 2, 2016, <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

<sup>ii</sup> Eichner A, Gallagher Robbins K, "National Snapshot: Poverty Among Women & Families, 2014," National Women's Law Center, September 2015, <http://nwlc.org/wp-content/uploads/2015/08/povertysnapshot2014.pdf>

<sup>iii</sup> Salganicoff A, Ranji U, Beamesderfer A, Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey," Kaiser Family Foundation, May 2014, <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

<sup>iv</sup> "Utah Primary Care Network Disenrollment Report," Office of Health Care Statistics, Utah Department of Health, 2004, <http://health.utah.gov/hda/reports/PCN%20Disenrollment.pdf>

<sup>v</sup> "Health Insurance Premiums and Cost-Sharing: Findings from the Research on Low-Income Populations," Kaiser Family Foundation, March 30, 2003, <http://kff.org/medicaid/issue-brief/health-insurance-premiums-and-cost-sharing-findings/>

<sup>vi</sup> Salganicoff A, Ranji U, Beamesderfer A, Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey," Kaiser Family Foundation, May 2014, <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

<sup>vii</sup> "Citizens without Proof: A Survey of Americans' Possession of Documentary Proof of Citizenship and Photo Identification," Brennan Center for Justice, New York University School of Law, November 2006. [http://www.brennancenter.org/sites/default/files/legacy/d/download\\_file\\_39242.pdf](http://www.brennancenter.org/sites/default/files/legacy/d/download_file_39242.pdf)

<sup>viii</sup> "Latest Annual Data," United States Department of Labor, 2014, [http://www.dol.gov/wb/stats/latest\\_annual\\_data.htm](http://www.dol.gov/wb/stats/latest_annual_data.htm)

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<sup>ix</sup> Desilver D, "Black unemployment rate is consistently twice that of whites," Pew Research Center, August 21, 2013, <http://www.pewresearch.org/fact-tank/2013/08/21/through-good-times-and-bad-black-unemployment-is-consistently-double-that-of-whites/>